

SERVICE REQUEST FORM

TO: INDIANA DEPARTMENT OF INSURANCE
Attn: Agent Licensing Division
311 W. Washington, Ste 103
Indianapolis, IN 46204-2787

FAX: 317-234-5882

EMAIL: agentlicensing@idoi.in.gov

FROM:

Name of Individual or Agency:				
Mailing Address (Street/PO Box):				
City:	State:	Zip:	SSN/FEIN:	License #:

NOTE: THE AGENT MUST SIGN THE BACK OF THIS FORM WHERE SHOWN

PART ONE: OPTIONS

(choose one or more)

- | | |
|--|--|
| <input type="checkbox"/> 1. Change of Residence Address and/or Phone Number | <input type="checkbox"/> 6. Request Cancellation of License |
| <input type="checkbox"/> 2. Change of Name | <input type="checkbox"/> 7. Request Duplicate License(s) – <i>fee required</i> |
| <input type="checkbox"/> 3. Correct Social Security or FEIN or Date of Birth | <input type="checkbox"/> 8. Assumed Business Name |
| <input type="checkbox"/> 4. Change of Business Address and/or Phone Number | <input type="checkbox"/> 9. Change/Add Designated Licensed Producer/
Officer/Director |
| <input type="checkbox"/> 5. Request Letter(s) of Clearance | <input type="checkbox"/> 10. Change/Add E-mail Address |

PART TWO: INFORMATION REQUIRED

(complete corresponding section based on options selected in Part One)

1. ☐ **CHANGE OF RESIDENT ADDRESS AND/OR PHONE NUMBER** ☐ (check if this is Mailing address also)
State law requires you to notify the Department of a change of name or address within thirty (30) days of the change. Failure to do so will result in a \$100.00 penalty, revocation, suspension, or other disciplinary action. **If moving from one state to another, submitting this form does NOT change your license residency. You must submit a new application and pay the fee to be issued a new resident or non-resident license.**

PRIOR RESIDENT ADDRESS (required)		NEW RESIDENT ADDRESS (required)	
Street Address		Street Address	
PO Box (If applicable)		PO Box (If applicable)	
City	State	City	State
Zip	Phone Number	Zip	Phone Number

2. ☐ **CHANGE OF NAME** (Attach copy of the legal documentation for the change)

Current Name on Record (Last, First, Middle)

New Name to Appear on Record (Last, First, Middle)

3. ☐ **CORRECT SOCIAL SECURITY NUMBER or FEIN or DATE OF BIRTH TO:**
(You must attach copies of at least 2 forms of identification confirming the number you provide below)

4. ☐ **CHANGE OF BUSINESS ADDRESS AND/OR PHONE NUMBER** ☐ (check if this is Mailing address also)
State law requires you to notify the Department of a change of name or address within thirty (30) days of the change. Failure to do so will result in \$100.00 penalty, revocation, suspension, or other disciplinary action.

PRIOR BUSINESS ADDRESS (required)		NEW BUSINESS ADDRESS (required)	
Business Name:		Business Name:	
Street Address		Street Address	
City	State	City	State
Zip	Phone Number	Zip	Phone Number

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5. ☐ **REQUEST LETTER(S) OF CLEARANCE**

This request will surrender/inactive your resident Indiana license. **If moving from one state to another, submitting this form does NOT change your license residency. You must submit a new application and pay the application fee to be issued a new resident or non-resident license.**

I have moved from Indiana to the State of _____. Please cancel all my existing Indiana resident insurance licenses and send me a Letter of Clearance.

6. ☐ **REQUEST CANCELLATION OF LICENSE**

Please note line(s) of authority to cancel if not canceling all lines: _____

By signing this document the agent or agency attests to no longer sell, solicit, negotiate or otherwise do business in Indiana for the canceled line(s). An agent is allowed to continue with a license regardless of who paid the fees during the course of employment. Cancellation of the agent license is the decision of the agent, not the agent's business. If the agent leaves employment, the agent may keep the license as long as licensing requirements are met. **Should the agent or agency require the canceled license in the future, they would need to complete all initial licensing requirements for the canceled license.**

7. ☐ **REQUEST DUPLICATE LICENSE(S) (\$10.00 FEE REQUIRED)**

The fee for a duplicate license is \$10.00 (personal check, cashier's check or money order made payable to Indiana Department of Insurance). Do NOT send cash. Requests will not be processed unless fee is received.

License Type	Reason for Request

8. ☐ **ASSUMED BUSINESS NAME** _____

*Must notify the Department before using this name. Must supply a copy of the Certificate of Amendment or other Signed document from the Secretary of State.

9. ☐ **REMOVE/ADD DESIGNATED RESPONSIBLE LICENSED PRODUCER (DRLP) or OFFICER/DIRECTOR:**

Name and Title	License Number	Check One		Check One	
		Remove	Add	DRLP	Officer/Dir
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. ☐ **EMAIL ADDRESS**

Change of Personal Email Address: _____

Change of Business Email Address: _____

PART THREE: SIGNATURE

(The Agent or Designated Licensed Producer of Agency must sign this form certifying information is correct)

Signature of Agent or Designated Licensed Producer of Agency

Date

Print Name of Agent or Designated Licensed Producer of Agency

Contact Email

RENEWAL NOTICE: The Department will email a courtesy renewal notice via Sircon to the Agent/Agency email on record. If for some reason the producer does not receive a renewal email invoice, it is still the producer's responsibility to renew the license. Notices are emailed to the producer approximately sixty (60) days before the license expiration date.